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Use

Only

## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE PUBLIC RECORDS

2017 OCT 23 AM 11: 41

(Revised 06/2012)

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Russ Fagg Senate Committee PO Box 1557 ADDRESS (number and street) (Check if address is changed) Helena 59624 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lorna@mt.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 2017 FEC IDENTIFICATION NUMBER > 4. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kuney, Loma, Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** 

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

President

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FEC Form 1 (Revised 02/2009)

information below.)

REP

Fagg, Russell, C.

Office

Sought:

TYPE OF COMMITTEE Candidate Committee:

(a)

(b)

(c)

Name of

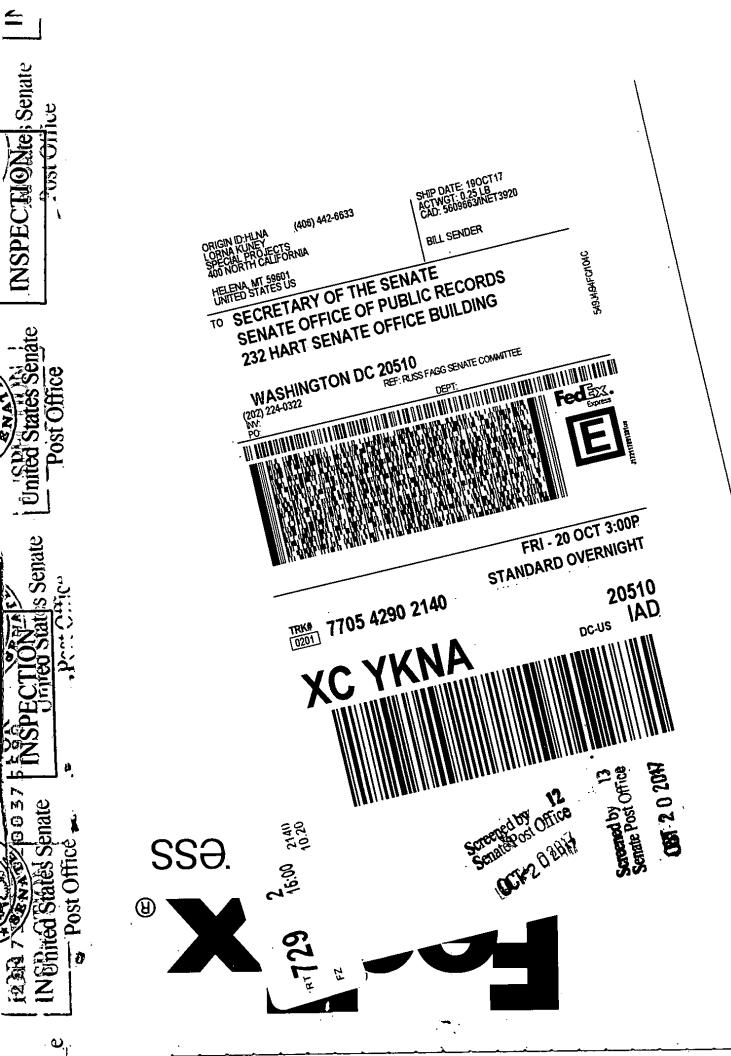
Candidate

Candidate

Party Affiliation

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I		
Russ Fago S	enate Committee	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative Identify by name, address (phone number optional) and position of the pers	
books and records.	racting by finite, address (profile finitibe) optionally and position of the pers	on in possession of committee
	y, Loma, , ,	
Full Name	400 N California	<del>! ! .   .   .   .   .   .   .   .   .   </del>
Mailing Address		<u>L. L. I. I.</u>
	Helena , MT ,	<u>                                     </u>
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	6633
t. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; ar e.g., assistant treasurer).	nd the name and address of
Full Name Kune of Treasurer	y, Lorna, , ,	1
Mailing Address	400 N California 	
		<u> </u>
		59601
Title or Position Treasurer	CITY STATE  406  Telephone number   406	ZIP CODE 6633

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		CITY	1 1	STATE	<u> </u>	ZIP CODE
	Title or Position	,				
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).	Banks or Other Deposito	ories: List all banks or other depositories in wi	hich the committe	ee denosits	funds holds	accounts rents
	safety deposit boxes or ma Name of Bank, Depository	aintains lunds.				associate, reme
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		CITY		STATE	7	IP CODE



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HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

OFFICE-OF PUBLIC RECORDS

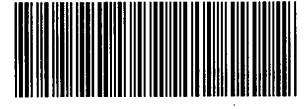
THE PRECEDING DOCUMENT WAS:

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
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